

Vocational Expert Report

s. 102.17(1)(d)

Department of Workforce Development

Worker's Compensation Division

201 E. Washington Ave., Rm. C100

P.O. Box 7901

Madison, WI 53707-7901

Telephone: (608) 266-1340

Fax: (608) 267-0394

<http://www.dwd.state.wi.us/wc/>

email: DWDWCD@dwd.state.wi.us

Note: This report is for use with permanent disability caused by non-scheduled injuries only. It is not to be used for scheduled injuries as described in sections 102.52 to 102.55 of the statutes which include injuries to eyes, ears, and limbs.

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m)].

WC Claim Number	Employee Name	Employee Birth Date
Employee Social Security Number	Employer Name	
Date of Accident or First Illness	Highest Level of Formal Education Completed	Vocational Education or Training Completed

Previous Employment

Employer Name	Mailing Address (number, street, city, state, zip code)		
Job Duties	Date Hired	Date Job Terminated	

Employer Name	Mailing Address (number, street, city, state, zip code)		
Job Duties	Date Hired	Date Job Terminated	

List special skills affecting employee's employability:

List employee's preexisting physical or mental limitations:

Nature of Injury	If surgery, give type
------------------	-----------------------

Resulting physical or mental limitations based on medical or chiropractic opinion:

Weekly wage at time of injury: \$	Present wage for comparable work with same employer: \$
-----------------------------------	---

Types of employment now available given age, education, work history, and physical and mental limitations of employee:

Pay rates for types of employment listed in previous question for the general locality:

If presently employed, identify the following:

Employer:

Pay Rate: \$

Nature of Work Performed:

Date Started:

Percent of loss of earning capacity to a reasonable probability due to the injury described under ***Nature of Injury***. Give a single number percentage or a percentage range, and use the following guidelines to assist with the calculation:

_____ %

A person may be classified as permanently partially disabled when by reason of his or her physical or mental condition he or she has limitations in the performance of his or her work activities. The percentage of such partial disability shall be to the degree that such disability relates to permanent total disability. The expert's opinion should include evaluation of how the disability affects this individual, having in mind his or her education, work history, training, and whether he or she can be retrained or vocationally rehabilitated.

A person may be classified as permanently totally disabled when by reason of his or her physical or mental condition he or she can perform no services other than those which are so limited in quality, dependability, or quantity that a reasonably stable market for them does not exist.

Factors other than those identified above that were considered in analysis (if applicable):

Qualification of Expert (may attach curriculum vitae):

Education: list degree(s), field of study(ies), and date(s)

Work History:

Expert Signature	Expert Name (print or type)
------------------	-----------------------------